PATENT APPLICATION FEE DETERMINATION RECORD  Application or I											ocket Num	ber			
	PATENT	APPLICATIO Effect	KD	19 818 688											
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EMITY	OR	OTHER				
TOTAL CLAIMS			27					RATE	FEE	]	RATE	FEE			
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		OR	BASIC FEE	710.00			
TOTAL CHARGEABLE CLAIMS			27 minus 20-		· 7			X\$ 9=		OR	X\$18=	126			
INDEPENDENT CLAIMS			⊘ minus3=		. 0			X40=		OR	, X80=				
M	ILȚIPLE DEPE	IDENT CLAIM P	RESENT			+135		,	OR	+270=					
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA		OR	TOTAL	836			
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	ÖR	OTHER SMALL				
MENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	]	RATE	· ADDI- TIONAL FEE			
	Total	•	Mirus	••				X\$ 9=		OR	X\$18=				
	Independent	• ;	Minus	•••				X40=	1	OR	X80=	•			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=				
	a story (Statemen's New								<u> </u>	-	TOTAL				
ľ	(Column 1) (Column 2) (Column 3)								£	<b>.</b>	ADDIT. FEE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	•	Minus	••		2		X\$ 9=		OR	X\$18=				
M	Independent	NTATION OF A	Minus	***	CI AIM	<u> -</u>		X40=		OR	X80=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=				
								YOY/ NODIT. FE		OR	TÖYAL ADDIT. FEE				
_	127/94 (Column 1) (Column 2) (Column 3)														
MENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA	$\prod$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
9	Total	. 21	Minus	••		=	ſſ	X\$ 9=		OR	X\$18=				
AMEND	Independent	• 3	Minus	***		•	lt	X40=		OR	X80=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=				
If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  IOTAL ADDIT. FEE										OR` OR	TOTAL ADDIT. FEE				
***	If the "Highest Nu	mber Previously Pr	aid for IN TH	S SPACE	s less tha	n 3, enter "3."	_								
2001	PTO-475	TCT AV	M ADI	The Trighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.  FORM PTO-678 RECT AVAILARIE CONSERCE  FORM PTO-678 RECT AVAILARIE CONSERCE											

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